

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**  
**IN THE UNITED STATES DISTRICT COURT**  
**FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

Nichols 466520  
(Last Name) (Identification Number)  
Robby Leon  
(First Name) (Middle Name)  
Harrison County  
(Institution)

## **COMPLAINT**



H.C.J 4506 Marlend St Unit 15 Bossier City LA 71111  
(Address) 10451 Larkin Smith Dr Gulfport MS 39501  
Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action

CIVIL ACTION NUMBER: 1:25cv82 TBM-RPM  
(to be completed by the Court)

Harrison County  
Michael Lewis

(Enter above the full name of the defendant or defendants in this action)

#### **OTHER LAWSUITS FILED BY PLAINTIFF**

**NOTICE AND WARNING:**

**The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.**

A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (✓)

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
\_\_\_\_\_
3. Docket Number: \_\_\_\_\_
4. Name of judge to whom case was assigned: \_\_\_\_\_
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Robby L Nichols Prisoner Number: 235519  
Address: Harrison County Jail 4506 Martend St,  
unit 15 Bossier City, LA 71111-  
10451 Larkin Smith Dr. Gulfport MS 39501

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Harrison County / Michael Lewis is employed as  
Harrison County jail- inmate at BD Zone 125

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Robby L. Nichols

ADDRESS:

Harrison County Jail 4506 Martend  
St, unit 15, Bossier City, LA 71111

DEFENDANT(S):

NAME: Harrison County Jail

ADDRESS:

Harrison County Jail 4506 Martend  
St, unit 15, Bossier City, LA 71111

Michael Lewis

Harrison County Jail 4506 Martend  
St, unit 15, Bossier City, LA 71111

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ()

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes () No () , if so, state the results of the procedure: \_\_\_\_\_

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

\_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

\_\_\_\_\_

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

I Robby Nichols went for help in Suicide watch and they Put me in a cell 125 with Michael Lewis and it Monday 10, 2025 I was asleep Around 5:45pm or somewhere around there I was asleep and I woke up with Michael Lewis sucking my penis and I threw him off me and I told the C.O Nel and the L.T Waltmen and he told my story and then they took my blood two day later and Investigator recorded me my statements and Michael went to him doing it and they didn't do anything about it and they have NO Camra in the cells.

RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

To Push Charges on Michael Lewis and to win and fight for my rights and to get Paid for my law Ssuit Agastest Harrison County Jail for not Doing there Job.

Signed this 19 day of

March

, 20 25

Robby Nichols  
Harrison County Jail  
4506 Marland St Unit 15 Bossier  
Signature of plaintiff, prisoner number and address of plaintiff CITY, LA 71111 - 466520

I declare under penalty of perjury that the foregoing is true and correct.

March 19, 2025  
(Date)

Robby Nichols  
Signature of plaintiff